# **Break-out Session 3**Laboratory Scenario

October 28, 2008
Christine Schmoeckel, Facilitator





### Sessions are taped to capture main points...



But your identity will not be put under a microscope!





### PANEL MEMBERS

- Robert Folden, Lab Director, Catholic Healthcare West Redding Mercy Medical Center
- Lee Macklin, State of CA CIO's Office, Enterprise Architecture Group
- Karen McGlinn, Executive Director, Share Our Selves
- Beth Givens, Director of the Privacy Rights Clearinghouse
- Will Ross, Chief Technology Officer, Redwood MedNet





# Review Process for Consent Alternatives

- 5 alternatives = varying degrees of patient choice
  - for exchange of health information in a treatment setting.
  - range from Opt-In with Restrictions to No Consent
- Identified pros and cons of the alternatives





- -No Consent
- -Opt Out
- Opt In with Restrictions
- -Opt Out with Exceptions
- -Opt In





## **Participant Polling:**

- Audience Response Device
- On Your Chair
- Opportunity to Choose Alternative
  - Select one of the five







### Stakeholder Poll

Which stakeholder group do you represent?

- 1. Consumers
- 2. Plans/Payers
- 3. Government
- 4. Education
- Professional Associations

- 6. Vendor
- 7. Hospitals
- 8. Community Clinics
- Other Providers







### **Baseline Poll**

Which consent alternative would you choose right now?

- No Consent
- 2. Opt Out
- 3. Opt In with Restrictions
- 4. Opt Out with Exceptions
- 5. Opt In







### PANEL DISCUSSION

Robert Folden, Privacy Committee

- 1) Lab Scenario and Consent Options
- 2) Privacy Perspective





### **Consent Alternative 1**

### NO CONSENT (Patient auto IN)

Calvin does not have a choice; his health information is in the system and may be transmitted.





# Laboratory Scenario with No Consent Alternative

Calvin P. Sab sees his primary physician

Calvin, an elderly man, describes symptoms of

- A heart problem,
- Rheumatoid arthritis,
- Diabetes







#### Laboratory Scenario with No Consent Alternative

#### Physician

- performs examination,
- enters results into EMR, then
- orders general lab tests

#### Lab

- collects specimen,
- performs test,
- enters results in Lab Information System (LIS),
- sends results via HIE.

#### Physician

- receives lab tests and interprets,
- confers with Calvin, and
- refers him to three specialists:
  - · Cardiologist,
  - Endocrinologist, and
  - Rheumatologist.



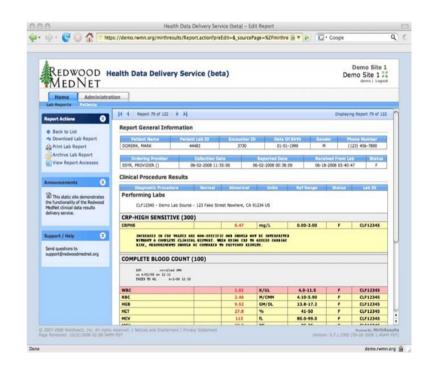




# Calvin sees all three specialists in the following week.

## The three specialists input into their EMRs:

- results of their respective examinations
- their independent orders for limited panels of special lab tests.





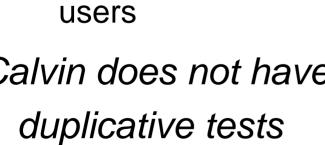


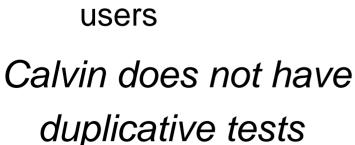
#### Result:

Calvin's treatment is coordinated by all specialists

> Health information is accessible to authorized users

duplicative tests









## **Privacy Findings**

#### No Consent

- + Promotes quality of care
- + Least costly/most sustainable
- Some legal risk
- Inconsistent with CalPSAB principles
- Least patient choice
- + Most likely to reduce duplicate tests





#### Of Note-

Under this scenario,
Patients may forego treatment
Patients may withhold information





## **Security: Access Control**

Lee Macklin, Security Committee





#### Secure Access to Health Information



First they must There are two sides to an electronic exchange of health information



Access to Calvin's health information is controlled.

authorized access







The patient and his health information







## **Education Perspective**

Karen McGlinn, Education Committee





### Education

- All consent options require education
- All consumer groups require education
- Objectives:
  - Inform
  - Build Trust
  - Confidence







 What is communicated for NO CONSENT



- HIE new concept
- Benefits to consumer
- How the information will be used
- Privacy and security features





Different
population
groups may
require
different
levels of
education







# Consumer Perspective Beth Givens







## **HIE Perspective**

Will Ross







# **Consent Alternative 2: Privacy Perspective**

Robert Folden, Privacy Committee





# Consent Alternative 2 OPT OUT (Patient auto IN)

#### Calvin has a choice:

his information is in the system, but he can choose to opt out.

Calvin does not opt out.





## Laboratory Scenario with Opt Out

- Remember Calvin P. Sab
- Same as for No Consent
- Result No duplicative tests







## **Privacy Findings**

#### **Opt Out**

(Patient Auto IN)

- + Promotes quality of care
- + Less costly/most sustainable
- + Less legal risk
- + Consistent with CalPSAB principles
- Some patient choice
- More likely to reduce duplicate tests





## **Security Access Control**

Lee Macklin, Security Committee

More Complex = More Cost





## **Education Perspective**

Karen McGlinn, Education Committee





## Education- Opt Out Alternative

- Education same baseline components:
  - Inform, Build Trust and Confidence.
- This consent option requires extra education effort to ensure that the consumer understands the choice.
- Challenges
  - Senior Population
  - Chronically III Population





# Consumer Perspective Beth Givens







## **HIE Perspective**

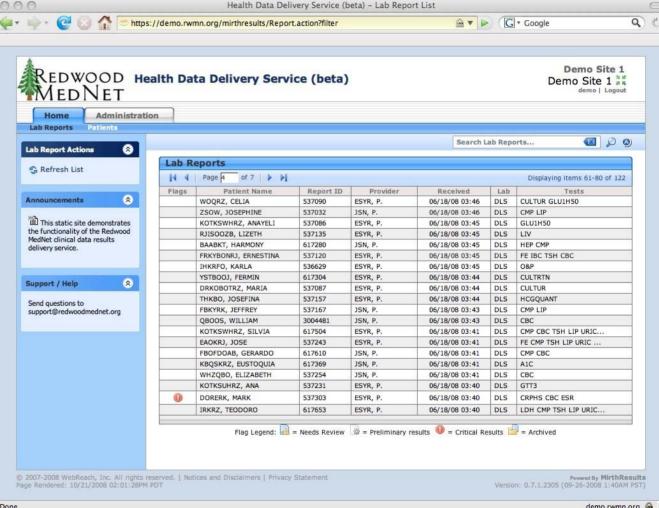
Will Ross







# Will Ross Redwood MedNet







# **Consent Alternative 3: Privacy Perspective**

Robert Folden, Privacy Committee





## **Consent Alternative 3**

### **OPT IN with Restrictions**

(Patient auto OUT; choice to be in, choice of what information goes in)

Calvin's health information is not in the system until he opts in.

Calvin chooses to opt in except for diabetes information





- Remember Calvin
- Calvin has multiple health conditions
- He withholds the information about his diabetes







Ahh! Glucose results are unavailable to the specialists

HOSPITAL.....







#### **Privacy Findings**

#### **Opt In w/Restrictions**

(Patient auto OUT plus Choice)

- Diminishes quality of care
- + Most costly/least sustainable
- + Less legal risk
- + Consistent with CalPSAB principles
- + Most patient choice
- Least likely to reduce duplicate tests





#### **Security Access Control**

Lee Macklin, Security Committee

More Complex = More Cost





- Education most complex for this option.
  - Choices can be confusing or intimidating for consumer
  - More costly to educate on
  - Education must explain the benefit of opting in with the fewest restrictions
- Challenges for Specified Populations
  - Parents/Caretakers of Children
  - Seniors
  - Chronically III





# Consumer Perspective Beth Givens







#### **HIE Perspective**

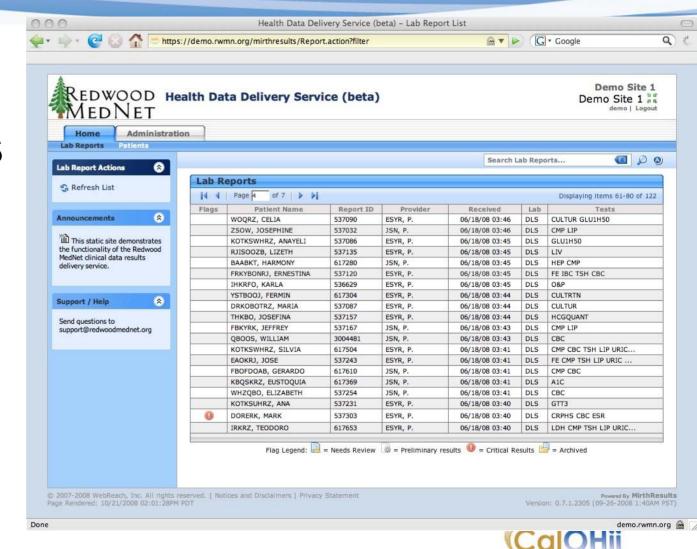
Will Ross







# Will Ross Redwood MedNet



Information integrity



#### -Final Polling -

The Present vs. the Future







#### 2<sup>nd</sup> Exit Poll

In our 2009 "today reality", which alternative do you choose?

- 1. No Consent
- 2. Opt Out
- 3. Opt In with Restrictions
- 4. Opt Out with Exceptions
- 5. Opt In





Thank you for your participation!!

We'll be going back to the

Camellia Room for

Closing Remarks and to learn how the

break out sessions voted.



